

Monica J. Lindeen

Commissioner of Securities & Insurance Montana State Auditor 840 Helena Ave. • Helena, MT 59601 Phone: 406.444.2040 or 800.332.6148

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REQUIREMENTS FOR SURPLUS LINES INSURERS

In order to become eligible to write Surplus Lines business in Montana, you must comply with the following general requirements. Note that requirements differ for foreign and alien insurers.

FOREIGN OR ALIEN INSURERS must appear on the Commissioner's most recent list of eligible surplus lines insurers before they can begin writing any business in the state of Montana. The list is revised quarterly.

FOREIGN INSURERS

- 1. Confirm appointment of the Commissioner of the state of Montana as insurer's attorney to receive service of process and designate the name and address of the person to whom process against the insurer, served upon the Commissioner of Insurance, is to be forwarded (SURLINES.SP).
- 2. Submit a current certificate from the Commissioner of Insurance in the insurer's domicile state showing the insurer is authorized to transact the kinds of insurance proposed to be transacted in the state of Montana.
- 3. Maintain capital and surplus or its equivalent under the laws of its state of domicile of no less than \$15 million.
- 4. Provide the Commissioner of the state of Montana a 9×14 inch copy of its current Annual Statement and a copy of the insurer's most recent Quarterly Statement. Statements in other sizes are not acceptable.
- 5. Provide the Commissioner with a description of the products the insurer plans to sell in Montana and provide the Commissioner with a detailed description of the insurer's proposed market plan.

NOTE:

All surplus lines business **MUST** be written through a Montana Insurance Department authorized Surplus Lines Producer. (See Section 33-2-306, MCA.) Any licensed resident or nonresident property/casualty producer may apply for a Surplus Lines Producer License. Contact the Agent Licensing Bureau to obtain the applicable forms.

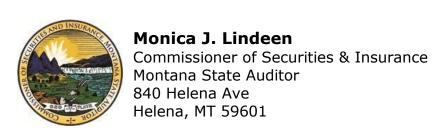
(Continued)

ALIEN INSURERS

1. Insurer's name must appear on the NAIC's most recent quarterly "Financial Review of Alien Insurers" list.

NOTE:

All surplus lines business **MUST** be written through a Montana Insurance Department authorized Surplus Lines Producer. (See Section 33-2-306, MCA.) Any licensed resident or nonresident property/casualty producer may apply for a Surplus Lines Producer License. Contact the Agent Licensing Bureau to obtain the applicable forms.



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FOREIGN INSURER SURPLUS LINES ELIGIBILITY APPLICATION

APPLICANT COMPANY'S NA	ME					
HOME OFFICE ADDRESS	(Street or PO Box	κ)				
(City)	(State)	(Zip)	(NAIC Number)			
(FEIN Number)						
MAILING ADDRESS	(Street or P.O. Bo	ox)				
	(City)	(State)	(Zip)			
Name and Phone Number o	f Contact Person					
DATE INCORPORATED		STATE OF DOMICILE				
ARE YOU A SUBSIDIARY? If yes, list ultimate p	parent company.	NO				
ARE YOU A PARENT COMPANY? YES NO If yes, list insurance subsidiaries: (Attach separate sheet, if necessary.)						
HAS ANY ADMINISTRATIVE YESNO		TAKEN AGAINST YOU IN ANY (OTHER STATE?			
HAVE YOU EVER BEEN FINE If yes, please explai		ATE? YESNO				

Herewi	ith submitted are the following documents:				
()	Current Annual Statement				
()	Current Quarterly Statement				
()	Certificate of Authority, Domiciliary State				
()	Completed Service of Process (SURLINES.SP)				
()	Descriptions of products to be sold in Montana and proposed marketing plan				
DATED					
DATED	· · · · · · · · · · · · · · · · · · ·	(Name & Title of Officer)			
	•	(Signature of Officer)			

<u>CERTIFICATION</u>

I,_, hereby cert (Name)	ify that I am the duly a	ppointed and qualified	
. ,	0	f	, a corporation existing under
the (Officer)	(Nan	ne of Company)	· · · · · ·
laws of the Stat	e of	and that	hereby agrees
	(Domicile)	(Name of Company)	
		es, all other applicable statutes in cana through a Montana licensed	n Title 33, Montana Code Annotated surplus lines producer.
IN WITNESS WI	HEREOF, I have hereun	to set my hand as	of the
corporation this	day of	, 20 .	
		Name	
		Title	
		Insurance Company	

APPOINTMENT OF ATTORNEY TO ACCEPT SERVICE OF PROCESS

	(Name of
Company), duly incorporated under the laws of the engaging in 'surplus lines' underwriting in the Stat Montana Law, appoints THE DULY ELECTED MONTAINSURANCE, OFFICE OF THE STATE AUDITOR as it of legal process in any action or proceeding against authorizes the Commissioner, or, in the Commissioner, to acknowledge service of legal process all claim to or right of error to Company waives all claim to or right of error to Company does consent and agree that any lawful commissioner as appointed attorney shall have the upon the Company.	e State of
This appointment and authority is irrevocable and remains outstanding or pending in the State of Mo of insurance or indemnity issued by or through the	ntana on account of any contract or certificate
IN WITNESS WHEREOF, the said Company has to caused the same to be subscribed and attested by executive officers at the City of, on theday of	its President and Secretary, or other chief
	President
	Secretary
Name and address of the person to whom Service of Pr	ocess is to be forwarded.

The link for the current Approved Risk List is $\underline{\text{here}}$.

Montana Code Annotated Reference: 33-2-301